

Frequently Asked Questions

National Medical Support Notice (NMSN)

What is the National Medical Support Notice?

The National Medical Support Notice (NMSN) is a two-part notice sent to employers from the child support agency. Its purpose is to ensure that children receive health care coverage, when it's available and required as part of a child support order, and to simplify the work required of employers and Health Plan Administrators (HPA's) by providing standardized forms nationwide by all child support agencies, for health care coverage.

When is the NMSN sent to Employers?

The NMSN is sent in conjunction with a wage withholding order. Once an employer is matched to a non-custodial parent's case, a wage withholding order and NMSN will be generated to the employer. The NMSN is also sent when a new child support order is issued that does not address child support but requires the non-custodial parent to provide health care coverage (AKA Medical Support Only).

Are employers and Health Plan Administrators (HPA) required to comply?

Yes. Federal law requires all employers and HPA's to make health care coverage available to children of non-custodial parents who are eligible and qualified for such coverage. The NMSN forms were developed for this purpose.

What is included in the NMSN?

Part A of the NMSN includes a Notice to Withhold for Health Care Coverage (Health Care Notice), the Employer's Response form, and Instructions.

Part B includes a Medical Support Notice to the Plan Administrator, the Plan Administrator's Response form, and Instructions. A worksheet is also included.

When is the worksheet needed?

The worksheet must be completed when an employee has been determined to be eligible for health care coverage, and qualified to participate in the program. This worksheet helps the employer determine if the amount to be withheld falls within the maximum amount allowed under Alaska law or the Consumer Credit Protection Act (CCPA). The worksheet must be completed and returned to CSED.

What must the employer do once the children are enrolled?

The employer will determine whether the combined cost of health care coverage, child support and spousal support is within the limits on withholding (A worksheet is provided for this purpose). If the amount is within the legal limits, the employer will begin withholding the contribution from the employee's wages. If the combined amount exceeds the limit, the employer will complete Section 4 of Part A and return Part A and the completed worksheet to CSED.

Who completes Part A of the NMSN?

The employer completes Part A, indicating whether the non-custodial parent is eligible for dependent health care coverage. If the employer determines the employee is eligible, the employer retains Part A and forwards Part B to the Health Plan Administrator.

Who completes Part B of the NMSN?

The Health Plan Administrator (HPA) completes Part B. If the HPA determines the employee is not qualified to participate, the HPA will return the completed Part B to the employer who in turn returns the form to the child support agency.

If the employee is qualified, the HPA will enroll the children, return the completed Part B to the employer and the child support agency, and sends forms and health care coverage information to the custodial parent.

How soon must both parts of the Notice be completed?

Within 20 business days of the date of the NMSN.

The employer must complete Part A of the form and either forward Part B to the Health Plan Administrator or return Part A to the child support agency.

Within 40 business days of the date of the NMSN

- 1) the HPA must complete and return Part B to the employer and to the child support agency; and
- 2) the employer must complete the worksheet and either begin withholding or, if the amount exceeds the limits, return Part A and the worksheet to the child support agency.

I have a withholding order and there is a box saying “if checked medical withholding is necessary”. The box isn’t checked but I received a separate medical withholding notice. Which do I comply with?

The employer should respond to all National Medical Support Notices received.

What if the employee doesn’t want to enroll the child for medical coverage?

The employee does not have a choice. The National Medical Support Notice is a qualified medical support order. If health insurance is available, the employer is required to enroll the child or children as instructed by the notice. However, the employer must adhere to limitations imposed on withholding as mandated by Alaska law and the CCPA. If the employee objects, they must contact CSED or complete the bottom portion of the, “Notice of Enforcement of Health Care Withholding” which was sent directly to the employee. This will allow the employee an opportunity to object to withholding. However, the employer must still comply with the NMSN regardless of whether an Administrative Review has been requested.

When must health care coverage withholding start?

The Notice for Health Care Coverage requires withholding for the cost of health care as soon as certain determinations about eligibility are made.

What if the children are already covered under another outside plan, a current spouse, or have benefits through Indian Health Services?

The employer has an obligation to comply with the National Medical Support Notice until a notice terminating the medical withholding is received. However, we want to avoid having an employee charged for insurance if alternate coverage is being provided. The employee should contact our Medical Enforcement caseworker immediately at (907) 269-6958 if in Alaska or (907) 269-6985 (if the employer is located outside of Alaska).

What if the child is covered under Denali Kid Care?

Denali Kid Care, or any Medicaid related program, is not considered a substitute for medical insurance. The employer must still comply with the medical withholding order.

The employee doesn't make enough to cover the regular child support amount and medical coverage premiums. What do we do?

The employer should check box 4 of the Employer Response (Part A), complete the calculation sheet, and return both to CSED. We will then determine the next action for medical enforcement.

The employee and dependents are eligible for coverage. However, our coverage is limited to within the state and the child lives out-of-state. What do we need to do?

Notify CSED in writing, indicating coverage is available but only within a limited area.

When will health care coverage withholding stop?

The withholding order for Health Care Coverage remains in effect until you are notified by the child support agency of any changes. However, if we terminate the withholding order for Health Care Coverage, the non-custodial parent may still elect to continue health care coverage.

What if the employee terminates?

You must notify the child support agency promptly when the employee leaves and give the employee's last known home address and - if you know it – the new employer's name and address.

Alaska law requires you to keep record of the Notice of WAGE Withholding for three years and to enforce the Notice if the employee returns to the job within that period of time. It is advisable to keep the NMSN in conjunction with the wage withholding order.

When are payments for health care coverage due?

The Health Care Notice requires you apply withheld wages to the cost of health care coverage according to your company's usual policy.

What if I get more than one Health Care Notice for the same employee?

Determining the best way to handle multiple orders can be pretty complicated. **If you have specific questions in regards to the NMSN, you may contact our Medical Enforcement section directly at (907) 269-6858.** If you have questions regarding regular wage withholding, you can contact us at our Employer Hotline number – (907) 269-6089 or toll-free in Alaska (877) 269-6685, or you can fax questions to (907) 787-3197. You can also refer to our website at www.csed.state.ak.us/Employers/EmployerInformation.htm .

Can I fire the employee so I don't have to bother with offering health care coverage?

No. You could be fined up to \$1000.00 if you refuse to hire an applicant or if you discipline or fire an employee because of a Health Care Notice. You could also be ordered to pay court costs.

This Notice is issued under section 466(a)(19) of the Social Security Act, section 609(a)(5)(C) of the Employee Retirement Income Security Act of 1974 (ERISA), and for State and local government and church plans, sections 401(e) and (f) of the Child Support Performance and Incentive Act of 1998.

Issuing Agency: AK Child Support Enforcement Division Issuing Agency Address: 550 W 7th Ave Anchorage AK 99501 Date of Notice: Case Number: Telephone Number: 907-269-6901 FAX Number: 907-269-6650	Court or Administrative Authority: Date of Support Order: Support Order Number:
---	--

	RE:	
Employer/Withholder's Federal EIN Number		Employee's Name (First MI Last)
Employer/Withholder's Name		Employee's Social Security Number

Employer/Withholder's Address **Employee's Mailing Address**

Custodial Parent's Name (First, MI, Last)**Custodial Parent's Mailing Address**

MS
Alaska Child Support Enforcement Division
550 W 7TH AVE STE 310
ANCHORAGE AK 99501-6699
Substituted Official/Agency Name and Address

Child(ren)'s Mailing Address (if different from Custodial Parent's)

**Name, Mailing Address, and Telephone
Number of a Representative of the Child(ren)**

Child(ren)'s Name(s)	DOB	SSN
----------------------	-----	-----

The order requires the child(ren) to be enrolled in (X) any health coverages available; or () only the following coverage(s): ___ Medical; ___ Dental; ___ Vision; ___ Prescription drug; ___ Mental health; ___ Other (specify): _____

THE PAPERWORK REDUCTION ACT OF 1995 (P.L. 104-13) Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. OMB control number: 0970-0222 Expiration Date: 12/31/2003.

EMPLOYER RESPONSE

If either 1, 2, or 3 below applies, check the appropriate box and return this Part A to the Issuing Agency within 20 business days after the date of the Notice, or sooner if reasonable. NO OTHER ACTION IS NECESSARY. If neither 1, 2, nor 3 applies, forward Part B to the appropriate plan administrator(s) within 20 business days after the date of the Notice, or sooner if reasonable. Check number 4 and return this Part A to the Issuing Agency if the Plan Administrator informs you that the child(ren) is/are enrolled in an option under the plan for which you have determined that the employee contribution exceeds the amount that may be withheld from the employee's income due to State or Federal withholding limitations and/or prioritization.

- () 1. Employer does not maintain or contribute to plans providing dependent or family health care coverage.
- () 2. The employee is among a class of employees (for example, part-time or non-union) that are not eligible for family health coverage under any group health plan maintained by the employer or to which the employer contributes.
- () 3. Health care coverage is not available because employee is no longer employed by the employer:

Date of termination: _____

Last known address: _____

Last known telephone number: _____

New employer (if known): _____

New employer address: _____

New employer telephone number: _____

- () 4. State or Federal withholding limitations and/or prioritization prevent the withholding from the employee's income of the amount required to obtain coverage under the terms of the plan.

Employer Representative:

Name: _____

Telephone Number: _____

Title: _____

Date: _____

EIN (if not provided by Issuing Agency on Notice to Withhold for Health Care Coverage): _____

Case Number:

INSTRUCTIONS TO EMPLOYER

This document serves as notice that the employee identified on this National Medical Support Notice is obligated by a court or administrative child support order to provide health care coverage for the child(ren) identified on this Notice. This National Medical Support Notice replaces any Medical Support Notice that the Issuing Agency has previously served on you with respect to the employee and the children listed on this Notice.

The document consists of **Part A - Notice to Withhold for Health Care Coverage** for the employer to withhold any employee contributions required by the group health plan(s) in which the child(ren) is/are enrolled; and **Part B - Medical Support Notice to the Plan Administrator**, which must be forwarded to the administrator of each group health plan identified by the employer to enroll the eligible child(ren).

EMPLOYER RESPONSIBILITIES

1. If the individual named above is not your employee, or if family health care coverage is not available, please complete item 1, 2, or 3 of the Employer Response as appropriate, and return it to the Issuing Agency. NO FURTHER ACTION IS NECESSARY.
2. If family health care coverage is available for which the child(ren) identified above may be eligible, you are required to:
 - a. Transfer, not later than 20 business days after the date of this Notice, a copy of **Part B - Medical Support Notice to the Plan Administrator** to the administrator of each appropriate group health plan for which the child(ren) may be eligible, and
 - b. Upon notification from the plan administrator(s) that the child(ren) is/are enrolled, either 1) withhold from the employee's income any employee contributions required under each group health plan, in accordance with the applicable law of the employee's principal place of employment and transfer employee contributions to the appropriate plan(s), or 2) complete item 4 of the Employer Response to notify the Issuing Agency that enrollment cannot be completed because of prioritization or limitations on withholding.
 - c. If the plan administrator notifies you that the employee is subject to a waiting period that expires more than 90 days from the date of its receipt of **Part B** of this Notice, or whose duration is determined by a measure other than the passage of time (for example, the completion of a certain number of hours worked), notify the plan administrator when the employee is eligible to enroll in the plan and that this Notice requires the enrollment of the child(ren) named in the Notice in the plan.

LIMITATIONS ON WITHHOLDING

The total amount withheld for both cash and medical support cannot exceed 50% of the employee's aggregate disposable weekly earnings. The employer may not withhold more under this National Medical Support Notice than the lesser of:

1. The amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C., section 1673(b));
2. The amounts allowed by the State of the employee's principal place of employment; or
3. The amounts allowed for health insurance premiums by the child support order, as indicated here: <#TEXT04>

The Federal limit applies to the aggregate disposable weekly earnings (ADWE). ADWE is the net income left after making mandatory deductions such as State, Federal, local taxes; Social Security taxes; and Medicare taxes.

PRIORITY OF WITHHOLDING

If withholding is required for employee contributions to one or more plans under this notice and for a support obligation under a separate notice and available funds are insufficient for withholding for both cash and medical support contributions, the employer must withhold amounts for purposes of cash support and medical support contributions in accordance with the law, if any, of the State of the employee's principal place of employment requiring prioritization between cash and medical support, as described here: See worksheet entitled "How to Calculate Withholding for Health Care Coverage" included in this packet.

DURATION OF WITHHOLDING

The child(ren) shall be treated as dependents under the terms of the plan. Coverage of a child as a dependent will end when similarly situated dependents are no longer eligible for coverage under the terms of the plan. However, the continuation coverage provisions of ERISA may entitle the child to continuation coverage under the plan. The employer must continue to withhold employee contributions and may not disenroll (or eliminate coverage for) the child(ren) unless:

1. The employer is provided satisfactory written evidence that:
 - a. The court or administrative child support order referred to above is no longer in effect; or
 - b. The child(ren) is or will be enrolled in comparable coverage which will take effect no later than the effective date of disenrollment from the plan; or
2. The employer eliminates family health coverage for all of its employees.

POSSIBLE SANCTIONS

An employer may be subject to sanctions or penalties imposed under State law and/or ERISA for discharging an employee from employment, refusing to employ, or taking disciplinary action against any employee because of medical child support withholding, or for failing to withhold income, or transmit such withheld amounts to the applicable plan(s) as the Notice directs.

NOTICE OF TERMINATION OF EMPLOYMENT

In any case in which the above employee's employment terminates, the employer must promptly notify the Issuing Agency listed above of such termination. This requirement may be satisfied by sending to the Issuing Agency a copy of any notice the employer is required to provide under the continuation coverage provisions of ERISA or the Health Insurance Portability and Accountability Act.

EMPLOYEE LIABILITY FOR CONTRIBUTION TO PLAN

The employee is liable for any employee contributions that are required under the plan(s) for enrollment of the child(ren) and is subject to appropriate enforcement. The employee may contest the withholding under this Notice based on a mistake of fact (such as the identity of the obligor). Should an employee contest the withholding under this Notice, the employer must proceed to comply with the employer responsibilities in this Notice until notified by the Issuing Agency to discontinue withholding. To contest the withholding under this Notice, the employee should contact the Issuing Agency at the address and telephone number listed on the Notice. With respect to plans subject to ERISA, it is the view of the Department of Labor that Federal Courts have jurisdiction if the employee challenges a determination that the Notice constitutes a Qualified Medical Child Support Order.

CONTACT FOR QUESTIONS

If you have any questions regarding this Notice, you may contact the Issuing Agency at the address and telephone number listed above.

**NATIONAL MEDICAL SUPPORT NOTICE
PART B
MEDICAL SUPPORT NOTICE TO PLAN ADMINISTRATOR**

This Notice is issued under section 466(a)(19) of the Social Security Act, section 609(a)(5)(C) of the Employee Retirement Income Security Act of 1974, and for State and local government and church plans, sections 401(e) and (f) of the Child Support Performance and Incentive Act of 1998. Receipt of this Notice from the Issuing Agency constitutes receipt of a Medical Child Support Order under applicable law. The rights of the parties and the duties of the plan administrator under this Notice are in addition to the existing rights and duties established under such law.

Issuing Agency: AK Child Support Enforcement Division Issuing Agency Address: 550 W 7th Ave Anchorage AK 99501 Date of Notice: Case Number: Telephone Number: 907-269-6901 FAX Number: 907-269-6650	Court or Administrative Authority: Date of Support Order: Support Order Number:
---	---

Employer/Withholder's Federal EIN Number	RE:	Employee's Name (First MI Last)
Employer/Withholder's Name		Employee's Social Security Number
Employer/Withholder's Address		Employee's Mailing Address
Custodial Parent's Name (First, MI, Last)		MS 01 Alaska Child Support Enforcement Division 550 W 7TH AVE STE 310 ANCHORAGE AK 99501-6699 Substituted Official/Agency Name and Address
Custodial Parent's Mailing Address		
Child(ren)'s Mailing Address (if different from Custodial Parent's)		
Name, Mailing Address, and Telephone Number of a Representative of the Child(ren)		
Child(ren)'s Name(s)	DOB	SSN

The order requires the child(ren) to be enrolled in (X) any health coverages available; or () only the following coverage(s): ___ Medical; ___ Dental; ___ Vision; ___ Prescription drug; ___ Mental health; ___ Other (specify): _____

PLAN ADMINISTRATOR RESPONSE

(To be completed and returned to the Issuing Agency within 40 business days after the date of the Notice, or sooner if reasonable)

This Notice was received by the plan administrator on _____.

- () 1. This Notice was determined to be a "qualified medical child support order," on _____ **Complete Response 2 or 3, and 4, if applicable.**
2. The participant (employee) and alternate recipient(s) (child(ren)) are to be enrolled in the following family coverage.
- () a. The child(ren) is/are currently enrolled in the plan as a dependent of the participant.
- () b. There is only one type of coverage provided under the plan. The child(ren) is/are included as dependents of the participant under the plan.
- () c. The participant is enrolled in an option that is providing dependent coverage and the child(ren) will be enrolled in the same option.
- () d. The participant is enrolled in an option that permits dependent coverage that has not been elected; dependent coverage will be provided.

Coverage is effective as of ___/___/___ (includes waiting period of less than 90 days from date of receipt of this Notice). The child(ren) has/have been enrolled in the following option:

_____. Any necessary withholding should commence if the employer determines that it is permitted under State and Federal withholding and/or prioritization limitations.

- () 3. There is more than one option available under the plan and the participant is not enrolled. The Issuing Agency must select from the available options. Each child is to be included as a dependent under one of the available options that provide family coverage. If the Issuing Agency does not reply within 20 business days of the date this Response is returned, the child(ren), and the participant if necessary, will be enrolled in the plan's default option, if any:
_____.
- () 4. The participant is subject to a waiting period that expires ___/___/___ (more than 90 days from the date of receipt of this Notice), or has not completed a waiting period which is determined by some measure other than the passage of time, such as the completion of a certain number of hours worked (describe here: _____). At the completion of the waiting period, the plan administrator will process the enrollment.
- () 5. This Notice does not constitute a "qualified medical child support order" because:
- () The name of the () child(ren) or () participant is unavailable.
- () The mailing address of the () child(ren) (or a substituted official) or () participant is unavailable.
- () The following child(ren) is/are at or above the age at which dependents are no longer eligible for coverage under the plan _____ (insert name(s) of child(ren)).

Plan Administrator or Representative:

Name: _____

Telephone Number: _____

Title: _____

Date: _____

Address: _____

Case Number: _____

INSTRUCTIONS TO PLAN ADMINISTRATOR

This Notice has been forwarded from the employer identified above to you as the plan administrator of a group health plan maintained by the employer (or a group health plan to which the employer contributes) and in which the noncustodial parent/participant identified above is enrolled or is eligible for enrollment.

This Notice serves to inform you that the noncustodial parent/participant is obligated by an order issued by the court or agency identified above to provide health care coverage for the child(ren) under the group health plan(s) as described on **Part B**.

(A) If the participant and child(ren) and their mailing addresses (or that of a Substituted Official or Agency) are identified above, and if coverage for the child(ren) is or will become available, this Notice constitutes a "qualified medical child support order" (QMCSO) under ERISA or CSPIA, as applicable. (If any mailing address is not present, but it is reasonably accessible, this Notice will not fail to be a QMCSO on that basis.) You must, within 40 business days of the date of this Notice, or sooner if reasonable:

(1) Complete Part B - Plan Administrator Response - and send it to the Issuing Agency:

(a) if you checked Response 2:

- (i) notify the noncustodial parent/participant named above, each named child, and the custodial parent that coverage of the child(ren) is or will become available (notification of the custodial parent will be deemed notification of the child(ren) if they reside at the same address);
- (ii) furnish the custodial parent a description of the coverage available and the effective date of the coverage, including, if not already provided, a summary plan description and any forms, documents, or information necessary to effectuate such coverage, as well as information necessary to submit claims for benefits;

(b) if you checked Response 3:

- (i) if you have not already done so, provide to the Issuing Agency copies of applicable summary plan descriptions or other documents that describe available coverage including the additional participant contribution necessary to obtain coverage for the child(ren) under each option and whether there is a limited service area for any option;
- (ii) if the plan has a default option, you are to enroll the child(ren) in the default option if you have not received an election from the Issuing Agency within 20 business days of the date you returned the Response. If the plan does not have a default option, you are to enroll the child(ren) in the option selected by the Issuing Agency.

(c) if the participant is subject to a waiting period that expires more than 90 days from the date of receipt of this Notice, or has not completed a waiting period whose duration is determined by a measure other than the passage of time (for example, the completion of a certain number of hours worked), complete Response 4 on the Plan Administrator Response and return to the employer and the Issuing Agency, and notify the participant and the custodial parent; and upon satisfaction of the period or requirement, complete enrollment under Response 2 or 3, and

(d) upon completion of the enrollment, transfer the applicable information on Part B - Plan Administrator Response to the employer for a determination that the necessary employee contributions are available. Inform the employer that the enrollment is pursuant to a National Medical Support Notice.

(B) If within 40 business days of the date of this Notice, or sooner if reasonable, you determine that this Notice does not constitute a QMCSO, you must complete Response 5 of Part B - Plan Administrator Response and send it to the Issuing Agency, and

inform the noncustodial parent/participant, custodial parent, and child(ren) of the specific reasons for your determination.

- (C) Any required notification of the custodial parent, child(ren) and/or participant that is required may be satisfied by sending the party a copy of the Plan Administrator Response, if appropriate.

UNLAWFUL REFUSAL TO ENROLL

Enrollment of a child may not be denied on the ground that: (1) the child was born out of wedlock; (2) the child is not claimed as a dependent on the participant's Federal income tax return; (3) the child does not reside with the participant or in the plan's service area; or (4) because the child is receiving benefits or is eligible to receive benefits under the State Medicaid plan. If the plan requires that the participant be enrolled in order for the child(ren) to be enrolled, and the participant is not currently enrolled, you must enroll both the participant and the child(ren). All enrollments are to be made without regard to open season restrictions.

PAYMENT OF CLAIMS

A child covered by a QMCSO, or the child's custodial parent, legal guardian, or the provider of services to the child, or a State agency to the extent assigned the child's rights, may file claims and the plan shall make payment for covered benefits or reimbursement directly to such party.

PERIOD OF COVERAGE

The alternate recipient(s) shall be treated as dependents under the terms of the plan. Coverage of an alternate recipient as a dependent will end when similarly situated dependents are no longer eligible for coverage under the terms of the plan. However, the continuation coverage provisions of ERISA or other applicable law may entitle the alternate recipient to continue coverage under the plan. Once a child is enrolled in the plan as directed above, the alternate recipient may not be disenrolled unless:

- (1) The plan administrator is provided satisfactory written evidence that either:
 - (a) the court or administrative child support order referred to above is no longer in effect, or
 - (b) the alternate recipient is or will be enrolled in comparable coverage which will take effect no later than the effective date of disenrollment from the plan;
- (2) The employer eliminates family health coverage for all of its employees; or
- (3) Any available continuation coverage is not elected, or the period of such coverage expires.

CONTACT FOR QUESTIONS

If you have any questions regarding this Notice, you may contact the Issuing Agency at the address and telephone number listed above.

Paperwork Reduction Act Notice

The Issuing Agency asks for the information on this form to carry out the law as specified in the Employee Retirement Income Security Act or the Child Support Performance and Incentive Act, as applicable. You are required to give the Issuing Agency the information. You are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Issuing Agency needs the information to determine whether health care coverage is provided in accordance with the underlying child support order. The Average time needed to complete and file the form is estimated below. These times will vary depending on the individual circumstances.

Learning about the law or the form

First Notice 1 hr.

Subsequent Notices -----

Preparing the form

1 hr., 45 min.

35min.

How to Calculate Withholding for Health Care Coverage

If the employee is eligible for health care coverage, complete this worksheet to determine whether withholding for health coverage will exceed the maximum allowable withholding. In Alaska, the withholding limit for child support is generally 50% of net disposable income **if withholding for health coverage is in effect**. If a different withholding limit applies, it will be reflected on line "i" of a separate Notice to Withhold Income for Child Support issued for the employee.

Note: This worksheet compares **monthly** net disposable income (line 2) and **monthly** insurance costs (lines 5a-e). If your payroll is calculated differently (for example weekly) compare insurance costs for the same time period as payroll.

If you receive more than one income withholding notice for an employee, if there are multiple health care coverage options, or if you have questions, call Employer Assistance at 907-269-6901 or toll free in Alaska at 877-269-6685.

Return this completed worksheet to CSED. The CSED address on the back will fit a window envelope.

1. Employee's name: <APNAME> Employer name: <APENAME> Date of Notice: <DOCDT>	SSN: <APSSN> Employer ID #: <FEDID> Case #: <CASEID>
2. Enter the employee's monthly net disposable income (income after mandatory deductions: State, Federal, and local taxes, Social Security and Medicare taxes, and statutory pension contributions). Voluntary deductions including voluntary health care coverage are included in net disposable income. Federal law provides that health care coverage costs are mandatory deductions only for federal employees. \$ _____	
3. Enter 50% of line 2 (or the percentage in line "i" of the Notice of Withholding if higher than 50%) \$ _____	
4a. Enter child support from line "a" of the Notice to Withhold Income (or zero, if no Notice) \$ _____	
4b. Enter spousal support from line "e" of the Notice to Withhold Income (or zero, if no Notice) \$ _____	
4c. Add 4a and 4b \$ _____	
5a. Enter the employee's total monthly cost for health care coverage \$ _____	
5b. Enter the part of the cost in 5a that is for dependent coverage only \$ _____	
5c. Enter the total number of dependents covered (include spouse and all dependents) \$ _____	
5d. Divide 5b by 5c (to get cost per dependent) (if 5b was zero, enter zero here) \$ _____	
5e. Multiply 5d by the number of children named on the first page of this Notice \$ _____	
6. Add 4c and 5e \$ _____	
7a. If the amount on 6 is more than line 3, don't withhold for health coverage. Return this worksheet and Part A of this Health Care Notice (with item 4 on page 2 completed) to CSED. Do not complete part 8 below. 7b. If the amount on line 6 is less than line 3, enroll the children for medical insurance. Forward Part B of this Notice to your health plan administrator for enrollment. Complete part 8 below, and return this worksheet to CSED.	
8. Provide the following information about the insurance coverage if the dependants are or will be enrolled: Insurance Company Name: _____ Address: _____ Phone: _____ Names of all dependents on policy: _____ _____ _____ Signature of preparer _____ Date _____ Printed name of preparer _____	